

**Weekly Inspection Record**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Organization: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Waste Containers</b>			
Container Condition		<b>Yes</b>	<b>No</b>
	Are containers tightly closed?		
	Are containers in good condition?		
	Are containers free of leaks?		
Container Marking		<b>Yes</b>	<b>No</b>
	For HWAAAs and EAAs, is the Accumulation Start Date marked on container(s)?		
	If hazardous waste, is "Hazardous Waste" warning marked on container(s)?		
	Are contents marked on container(s)?		
<b>Accumulation Area</b>			
		<b>Yes</b>	<b>No</b>
Are container logs present and properly maintained?			
Is the accumulation area properly marked?			
Are compatible wastes being stored with each other?			
For SAAs, are no more than 55 gallons of hazardous waste being stored?			
Is the accumulation area clean and spill-free?			
Does adequate aisle space exist?			
<b>Emergency Response Equipment</b>			
Telephone		<b>Yes</b>	<b>No</b>
	Is it easily accessible and working in case of emergency?		
	Are proper emergency response personnel numbers posted by telephone?		
Spill Control	Is an empty salvage drum nearby?		
	Is spill response equipment available?		
	Is personal protective equipment (PPE) available?		
Fire Protection	Is a fire extinguisher readily accessible and fully charged?		
If any of these questions were marked NO, comment and describe action taken to correct situation.			